

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001094

1. Entity Name

LIONS & EAGLES INTERNATIONAL FELLOWSHIP, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90010 038 \*\*\*\*61.25

Principal Place of Business

1635 HOPE CIR  
PANAMA CITY BEACH FL 32407  
US

Mailing Address

PO BOX 18877  
PANAMA CITY BEACH FL 32417  
US

2. Principal Place of Business

442 S. Dillard St.

3. Mailing Address

P.O. Box 680756

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Orlando, FL 32868

City & State

Winter Garden, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

32868

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, JOSHUA P  
1635 HOPE CIR  
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FOWLER, JOSHUA P  
STREET ADDRESS 1635 HOPE CIR  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE D ☐ Delete  
NAME KING, SHONDA  
STREET ADDRESS 4324 W 20TH ST APT 0263  
CITY-ST-ZIP PANAMA CITY BEACH FL 32405

TITLE D ☐ Delete  
NAME FOWLER, ASHLEY K  
STREET ADDRESS 1635 HOPE CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Fowler, Joshua P. - President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 203 Launenburg Lane  
CITY-ST-ZIP Ocoee, FL 34761

TITLE Shonda King - V.P. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 203 Launenburg Lane  
CITY-ST-ZIP Ocoee, FL 34761

TITLE Fowler, Ashley K - Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 203 Launenburg Lane  
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ashley K. Fowler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashley K. Fowler, Secretary  
(407) 905-5155

Date

Daytime Phone #

CR2E037 (5/00)